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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF PENNSYLVANIA	=	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Keith First name C Middle name Knippen Last name and Suffix (Sr., Jr., II, III)	Rhonda First name L Middle name Knippen Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4482	xxx-xx-4083

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Debtor 1
Debtor 2

Keith C Knippen
Rhonda L Knippen

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s)		
		EINS	EINS		
5.	Where you live	823 Mount Royal Blvd., Apt. 301 Pittsburgh, PA 15223	If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Allegheny County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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	otor 1 otor 2	Keith C Knippen Rhonda L Knipper	1	Document	- age 3 01 02	Case number (if known)	
Par	t 2:	Tell the Court About	our Bankruptcy C	Case			
7.	Banl	chapter of the kruptcy Code you are			n, see <i>Notice Required by</i> and check the appropria	v 11 U.S.C. § 342(b) for Individuals Filing for Bankrup tte box.	itcy
	cnoc	sing to file under	Chapter 7				
			☐ Chapter 11				
			☐ Chapter 12				
			☐ Chapter 13				
8.	How	you will pay the fee	■ I will pay th	e entire fee when I file	my petition Please che	ck with the clerk's office in your local court for more of	
-		about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or chear a pre-printed address.					money
			☐ I need to pa			ion, sign and attach the Application for Individuals to	Pay
			I request the but is not reapplies to ye	nat my fee be waived (Y quired to, waive your fee our family size and you a	ou may request this option, and may do so only if your unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge our income is less than 150% of the official poverty li in installments). If you choose this option, you must ficial Form 103B) and file it with your petition.	ine that
9.		re you filed for kruptcy within the	■ No.				
		8 years?	☐ Yes.				
			Distric	<u> </u>	When	Case number	
			Distric	t	When	Case number	
			Distric	·	When	Case number	
10.		any bankruptcy s pending or being	■ No				
	not f you,	by a spouse who is iling this case with or by a business ner, or by an ate?	☐ Yes.				
			Debtor			Relationship to you	
			Distric	i	When	Case number, if known	
			Debtor			Relationship to you	
			Distric		When	Case number, if known	
11.		ou rent your	□ No. Go to	line 12.			
	resid	lence?	■ Yes. Has y	our landlord obtained ar	n eviction judgment again	st you?	
			_ 103. ■	No. Go to line 12.			
			_		tement About an Eviction	Judgment Against You (Form 101A) and file it with t	his

Deb	otor 2 Rhonda L Knippe	n			Case number (if known)
Par	Report About Any Bu	sinesses	You Owr	ո as a Sole Proprie	tor
12. Are you a sole proprietor of any full- or part-time business?		■ No. Go to Part 4.			
		☐ Yes.	Name	e and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, Sta	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it of deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance superations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for in 11 U.S.C. 1116(1)(B).		
	For a definition of small	■ No.	I am ı	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	Penort if You Own or	Ηανο Λην	, Hazardo	ous Property or An	y Property That Needs Immediate Attention
	Do you own or have any	■ No.	Tiazarac	nus i Toperty of All	y Froperty Friat Reeds infinediate Attention
	property that poses or is				
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
	argoni ropans:				Number, Street, City, State & Zip Code

Debtor 1

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Debtor 1	Keith C Knippen		
Debtor 2	Rhonda L Knippen	Case number (if known)	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 20-20168-CMB Doc 1 Filed 01/15/20 Entered 01/15/20 20:05:27 Desc Main Document Page 6 of 62

Debtor 2 Rhonda L Knippen				Case number (if known)			
Part	6: Answer These Questi	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily b money for a business or inve			debts that you incurred to obtain the business or investment.	
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you o	owe that are not consun	ner debts or bu	usiness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.			
Do you estimate that after any exempt property is excluded and administrative expenses		■ Yes.	I am filing under Chapter 7. I are paid that funds will be av			t property is excluded and administrative expense ditors?	
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000	
19.	How much do you estimate your assets to be worth?	□ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,00	- \$50 million - \$100 million		
20.	How much do you estimate your liabilities to be?	□ \$100,	550,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - □ \$10,000,001 □ \$50,000,001 □ \$100,000,00	- \$50 million - \$100 million	_	
Part	7: Sign Below						
For	you	If I have United S If no atto documer I request I underst bankrupt and 357'/s/ Keith	chosen to file under Chapter 7 tates Code. I understand the remember represents me and I did nt, I have obtained and read the relief in accordance with the read making a false statement recy case can result in fines up 1. h C Knippen e of Debtor 1	7, I am aware that I may relief available under ea not pay or agree to pay ne notice required by 11 chapter of title 11, Unite	proceed, if elich chapter, an someone who U.S.C. § 342(ld States Code r obtaining mo	e, specified in this petition. oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 L Knippen Knippen Debtor 2	

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Debtor 1	Keith C Knippen	Document	Page 7 of 62	
Debtor 2	Rhonda L Knippe	n	Cas	e number (if known)
•	attorney, if you are ed by one	under Chapter 7, 11, 12, or 13 of title 11, Un	nited States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
	not represented by ey, you do not need s page.	and, in a case in which § 707(b)(4)(D) applicable schedules filed with the petition is incorrect.		rledge after an inquiry that the information in the
		/s/ Dennis Paul Zawacki	Date	January 15, 2020
		Signature of Attorney for Debtor		MM / DD / YYYY
		Dennis Paul Zawacki Printed name		
		Dennis Zawacki, Attorney at Law Firm name		
		2130 South Villa Drive Gibsonia, PA 15044 Number, Street, City, State & ZIP Code		
		Contact phone 724-443-2478	Email address	d_zawacki@msn.com

29503 PA Bar number & State Case 20-20168-CMB Doc 1 Filed 01/15/20 Entered 01/15/20 20:05:27 Desc Main

		Docum	ent Page 8 of 62	
Fill in this inform	mation to identify your	case:		
Debtor 1	Keith C Knippen			
	First Name	Middle Name	Last Name	
Debtor 2	Rhonda L Knippe	en		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA	
Case number _				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,218.59
	1c. Copy line 63, Total of all property on Schedule A/B	\$	8,218.59
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	348.31
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	31,746.17
	Your total liabilities	\$	33,094.48
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,562.53
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,522.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your dabts are primarily consumer dabts. Consumer dabts are those "incurred by an individual primarily for		family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 20-20168-CMB Doc 1 Filed 01/15/20 Entered 01/15/20 20:05:27 Desc Main Document Page 9 of 62 Debtor 1 Keith C Knippen

Debtor	² Rhonda L Knippen	Case number (if known)	
3. Fr	om the Statement of Your Current Monthly Income: C	Copy your total current monthly income from Official For	m

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	348.31
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	348.31

Case 20-20168-CMB	Doc 1	Filed 01/15/20	Entered 01/15/20 20:05:27	Desc Mair

		Document	Page 10 of 62		
Fill in this in	formation to identify your case a	and this filing:			
Debtor 1	Keith C Knippen				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	Rhonda L Knippen First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the: WES	TERN DISTRICT OF PEN	INSYLVANIA		
Casa numba					П о
Case numbe			_		☐ Check if this is an amended filing
					•
Official	Form 106A/B				
	ule A/B: Propert	V			12/15
	ry, separately list and describe items		f an asset fits in more than on	e category, list the asset in	
think it fits bes	st. Be as complete and accurate as p more space is needed, attach a sepa	ossible. If two married peop	ole are filing together, both are	e equally responsible for s	upplying correct
Part 1: Desc	ribe Each Residence, Building, Land,	, or Other Real Estate You C	Own or Have an Interest In		
1. Do you own	or have any legal or equitable intere	est in any residence, buildin	g, land, or similar property?		
■ No. Go to	. Dest 0				
_	ere is the property?				
— 100. Will	ore to the property.				
Part 2: Desc	ribe Your Vehicles				
Desc	Tibe Tour Vernoies				
3. Cars, vans □ No ■ Yes	s, trucks, tractors, sport utility ve	phicles, motorcycles			
3.1 Make:	Buick	Who has an interest in t	the property? Chack and	Do not deduct secured of	laims or exemptions. Put
Model:	1.0	Debtor 1 only	The property? Check one		ed claims on Schedule D: ims Secured by Property.
Year:	2007	■ Debtor 2 only		Current value of the	Current value of the
• • •	timate mileage: 61000	Debtor 1 and Debtor 2	•	entire property?	portion you own?
	nformation:	At least one of the del	otors and another		
-	od condition				
-	od condition	Check if this is come (see instructions)	munity property	\$3,056.00	\$3,056.00

Entered 01/15/20 20:05:27 Case 20-20168-CMB Doc 1 Filed 01/15/20 Desc Main Document Page 11 of 62 Debtor 1 Keith C Knippen Debtor 2 Rhonda L Knippen Case number (if known) 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,500.00 Chairs, end tables, beds, dresser, night tables, lamps 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,500.00 TV, Radio, Cell Phone, Computer, Kitchen Appliances 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$700.00 Shoes, Costs, Socks, Underwesr, Suit, Shirts, Gloves, Pants Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information.....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

for Part 3. Write that number here

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

Current value of the

portion you own?

\$3,700.00

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_	ebtor 2	Rhonda L K				Case number (if known)	
							Do not deduct secured claims or exemptions.
16.	■ No		•	our wallet, in your home	e, in a safe deposit box, and on har	nd when you file your petition	
17.					ts; certificates of deposit; shares in the same institution, list each.	n credit unions, brokerage ho	uses, and other similar
	□ No ■ Yes				Institution name:		
				Joint Checking			
			17.1.	Account	PNC checking account er	nding in 1689.	\$700.00
18.	Bonds, Example ■ No	mutual funds, les: Bond funds	or public , investme		rage firms, money market accounts	s	
	☐ Yes			Institution or issuer nar	ne:		
19.	Non-pul joint ve	•	tock and	interests in incorpora	ted and unincorporated busines	ses, including an interest	n an LLC, partnership, and
		Give specific in		about them me of entity:		% of ownership:	
20.	Negotia Non-ne	able instruments	s include p	personal checks, cashie	ble and non-negotiable instrume rs' checks, promissory notes, and er to someone by signing or delive	money orders.	
	■ No □ Yes. 0	Give specific inf		about them uer name:			
21.		ent or pension les: Interests in			(b), thrift savings accounts, or othe	r pension or profit-sharing pl	ans
	Yes. L	ist each accou		ely. of account:	Institution name:		
			401k		Kohl's Savings Plan Acco	ount	\$414.28
			4011		Kolli s Saviligs Flaii Acco	Junit	
22.	Your sh		ed deposit	s you have made so th	at you may continue service or use olic utilities (electric, gas, water), te		es, or others
	■ No □ Yes				Institution name or individual:		
23.	Annuitie	es (A contract f	or a perio	dic payment of money t	o you, either for life or for a numbe	r of years)	
	■ No □ Yes	Is	suer nam	e and description.			
24.	Interests				ified ABLE program, or under a	qualified state tuition prog	ram.
	■ No □ Yes	lr	nstitution r	name and description. S	separately file the records of any in	terests.11 U.S.C. § 521(c):	
25.		equitable or fu	ıture inte	rests in property (other	er than anything listed in line 1),	and rights or powers exer	cisable for your benefit
	■ No □ Yes.	Give specific in	formation	about them			

	C	ase 20-20168-CMB	Doc 1	Filed 01/15/ Document	/20 En Page 1		./15/20 20:05:27	Desc Main
Debte Debte		Keith C Knippen Rhonda L Knippen			. ago =		ase number (if known)	
26. P	atent	s, copyrights, trademarks, trad	de secrets,	and other intellect	ual property	/		
_	<i>Examµ</i> No	oles: Internet domain names, we	bsites, proc	eeds from royalties	and licensing	g agreement	S	
		Give specific information about	them					
	Examp	es, franchises, and other gene oles: Building permits, exclusive			on holdings, l	iquor license	es, professional licenses	
	No Yes.	Give specific information about	them					
Mone	ey or	property owed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
	ax ref No	unds owed to you						
		Give specific information about t	them, includ	ding whether you alre	eady filed the	e returns and	d the tax years	
				ocal Income Tax chland instead of			Tax Refund	\$348.31
<i>E</i>	E <i>xamµ</i> No	support oles: Past due or lump sum alimo Give specific information	ony, spousa	al support, child supp	oort, mainten	ance, divorc	e settlement, property set	tlement
	Examµ	amounts someone owes you oles: Unpaid wages, disability ins benefits; unpaid loans you			nefits, sick pa	ay, vacation	pay, workers' compensat	ion, Social Security
	No Ves	Give specific information						
	Examp	ts in insurance policies bles: Health, disability, or life insu	urance; hea	llth savings account	(HSA); credi	t, homeowne	er's, or renter's insurance	
	No Yes.	Name the insurance company o	f each polic	cy and list its value.				
		Company		•		Beneficiary	y :	Surrender or refund value:
II S	f you a	terest in property that is due y are the beneficiary of a living true one has died.				icy, or are c	urrently entitled to receive	property because
		Give specific information						
E	E <i>xamµ</i> No	against third parties, whether oles: Accidents, employment disposes acribe each claim				a demand fo	or payment	
_	. 50.							

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

 \square Yes. Give specific information..

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Debtor 1	Keith C Knippen	differit 1 age 14 of	02	
Debtor 2	Rhonda L Knippen		Case number (if known)	
	the dollar value of all of your entries from Part 4 Part 4. Write that number here			\$1,462.59
Part 5: D	escribe Any Business-Related Property You Own or Ha	ave an Interest In. List any real est	ate in Part 1.	
37. Do you	own or have any legal or equitable interest in any bus	iness-related property?		
No. G	io to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Pr you own or have an interest in farmland, list it in Part 1.	operty You Own or Have an Intere	st In.	
46. Do yo	u own or have any legal or equitable interest in	any farm- or commercial fishir	ng-related property?	
■ No	. Go to Part 7.			
☐ Ye	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest	in That You Did Not List Above		
	u have other property of any kind you did not al aples: Season tickets, country club membership	ready list?		
■ No	,			
☐ Yes	. Give specific information			
54. Add	the dollar value of all of your entries from Part 7	7. Write that number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$0.00
56. Part	2: Total vehicles, line 5	\$3,056.00		
57. Part	3: Total personal and household items, line 15	\$3,700.00		
58. Part	4: Total financial assets, line 36	\$1,462.59		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line	52 \$0.00		
61. Part	7: Total other property not listed, line 54	+\$0.00		
62. Tota	I personal property. Add lines 56 through 61	\$8,218.59	Copy personal property total	\$8,218.59
63. Tota	I of all property on Schedule A/B. Add line 55 + li	ne 62		\$8,218.59

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Fill in this inforr	nation to identify your	case:		
Debtor 1	Keith C Knippen			
	First Name	Middle Name	Last Name	
Debtor 2	Rhonda L Knippe	n		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA	
Case number _				Chook if this is an
(ii kilowii)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amou	unt of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Chec		
2007 Buick LaCrosse 61000 miles In good condition	\$3,056.00		\$3,056.00	11 U.S.C. § 522(d)(2)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Chairs, end tables, beds, dresser, night tables, lamps	\$1,500.00	•	\$1,500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
TV, Radio, Cell Phone, Computer, Kitchen Appliances	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Shoes, Costs, Socks, Underwesr, Suit, Shirts, Gloves, Pants	\$700.00		\$700.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Joint Checking Account: PNC checking account ending in 1689.	\$700.00		\$700.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	

description of the property and line on dule A/B that lists this property c: Kohl's Savings Plan Account from Schedule A/B: 21.1	Current value of the portion you own Copy the value from Schedule A/B \$414.28		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
•	Schedule A/B	Che	·		
•	\$414.28		****		
TOTT Scriedule AVB. 21.1		_	\$414.28	11 U.S.C. § 522(d)(12)	
			100% of fair market value, up to any applicable statutory limit		
Refund: 2018 Local Income Tax	\$348.31		\$348.31	11 U.S.C. § 522(d)(5)	
ler Township			100% of fair market value, up to any applicable statutory limit		
ect to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover	3 years after that for ca	ases fi	,	,	
j	I to Pine Richland instead of ler Township from Schedule A/B: 28.1 you claiming a homestead exemption ject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover	It to Pine Richland instead of ler Township from Schedule A/B: 28.1 you claiming a homestead exemption of more than \$170,35 ject to adjustment on 4/01/22 and every 3 years after that for cannot be adjusted by the exemption with the property covered by the exemption with the propert	It to Pine Richland instead of ler Township	It to Pine Richland instead of ler Township from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit 100% of fair market value, up to any applicable statutory limit	

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and casumber (if known). 1. Do any creditors have claims secured by your property? 1. No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 1. No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. 1. Ves. Fill in all of the information below. 1. Part 1: List All Secured Claims 1. List All Secur	Case 20-20108-Ci	Document	Page 1	7 of 62	.0.05.27 Des 	Civialli
Debtor 2 Rhonda L Knippen Case Introduction Case Cas	Fill in this information to identify y	our case:				
Debtor 2 Rhonda L Knippen First Name Middle Name Last Name Last Name Check if this is an amended filling United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA Case number Check if this is an amended filling Official Form 106D Check if this is an amended filling Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more not needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and cast number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Ves. Fill in all of the information below. Column A Column A Column A Column A Amount of claim Column A Amount of claim Column A Amount of claim Column A	Debtor 1 Keith C Knipp	en				
United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA Case number Check if this is a a amended filling Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and casurate (accurate as possible). If two married people are filling together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and casurated (accurate the page). It is all secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 11: List All secured claims List All secured claims in a phabetical order according to the creditor's name. Column A Amount of claim Column B Value of collateral that supports this claim much as possible, list the claims in alphabetical order according to the creditor's name. Perception Part 2, As	First Name	Middle Name	Last Name			
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Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Le as complete and accurate as possible. If we married people are filing together, both are equally responsible for supplying correct information. If more sneeded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and cas number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has nore than one secured claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor is name. 2. List all secured claims. If a creditor has a particular claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor's name. 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately and the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the creditor sname. 2. List all secured claims. If a creditor has a particular claim, list the creditor sname. 2. List all secured claims. If one has a particular claim, list the creditor sname. 2. List all secured claims. If one	United States Bankruptcy Court for the	ne: WESTERN DISTRICT OF PE	NNSYLVANIA	\		
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Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As possible, list the claims in alphabetical order according to the creditor's name. 2.1 Progressive Leasing Creditor's Name Creditor's Name Describe the property that secures the claim: Furniture from Bob's Furniture purchsed on 7/11/2018. Chair, bench, sofa, and bedroom set. As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Check if this claim relates to a community debt Date debt was incurred Date 4 digits of account number Column A Amount of claim Do not deduct the value of collateral. Anount of claim Do not deduct the value of collateral that supports this claim supports this claim supports this supports this supports that supports the support of the collateral. Solution 9 Value of collateral That supports the property that secures the claim: \$1,000.00 \$0.00 \$1,1 Unsecur portion Furniture from Bob's Furniture purchsed on 7/11/2018. Chair, bench, sofa, and bedroom set. As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt Date debt was incurred Og/2018 Last 4 digits of account number	. Do any creditors have claims secured	by your property?				
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Describe the property that secures the claim: \$1,000.00 \$0.00 \$1,000.00 \$1,0	for each claim. If more than one creditor h	nas a particular claim, list the other credito	ors in Part 2. As	Amount of claim Do not deduct the	that supports this	•
256 Data Drive Draper, UT 84020 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Date debt was incurred Dispute Nature of lien. Check all that apply. Disputed Na	2.1 Progressive Leasing	Describe the property that secures	the claim:			\$1,000.00
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As of the date you file, the claim is: Check all that apply. Draper, UT 84020		-				
Draper, UT 84020 Number, Street, City, State & Zip Code Unliquidated Disputed						
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Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Lease/Rental Purchase Furniture Agreement Last 4 digits of account number	Number, Street, City, State & Zip Code					
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred 09/2018 □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Lease/Rental Purchase Furniture Agreement	Who owes the debt? Check one.	•				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred 09/2018 □ Last 4 digits of account number □ Last 4 digits of account number	Debtor 1 only			ecured		
At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 09/2018 Last 4 digits of account number Last 4 digits of account number	•		0 0			
Check if this claim relates to a community debt Date debt was incurred 09/2018 Last 4 digits of account number Last 4 digits of account number	■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
Check if this claim relates to a community debt Date debt was incurred 09/2018 Last 4 digits of account number Last 4 digits of account number	\square At least one of the debtors and anothe	r ☐ Judgment lien from a lawsuit				
		Other (including a right to offset)	Lease/Rei	ntal Purchase Furnit	ure Agreement	
Add the dellawards of community in Column A and this community. Weith that summber have	Date debt was incurred	Last 4 digits of account nun	nber			
Add the dellar value of community in Column A on this name. Write that number have						
	Add the deller and the first transfer	Column A on this way will be	an la nan la na sa	#4.00	0.00	
Add the dollar value of your entries in Column A on this page. Write that number here: \$1,000.00 If this is the last page of your form, add the dollar value totals from all pages.	-	. · ·				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$1,000.00

Write that number here:

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				Document	Page	18 of 6	62	_		
Fill i	n this inform	nation to identify your	case:							
Debt	or 1	Keith C Knippen								
Dobt	01 1	First Name	Mido	lle Name	Last Nam	e				
Debt	or 2	Rhonda L Knippe	en							
(Spous	se if, filing)	First Name	Mido	lle Name	Last Nam	е				
Unite	ed States Bar	nkruptcy Court for the:	WESTE	RN DISTRICT OF	PENNSYLVA	NIA				
Case (if know	e number							□ Ch	ook if this is	
(II KIIO	wii)							_	eck if this is a ended filing	an
					,				crided illing	
Offic	cial Form	106E/F								
Sch	edule E	/F: Creditors W	/ho Ha	ve Unsecure	ed Claim	S			12/1	15
		accurate as possible. Us								
		racts or unexpired leases ory Contracts and Unexp								
Sched	lule D: Credito	ors Who Have Claims Sec	ured by Pro	perty. If more space	is needed, co	py the Part	t you need, fill it ou	, number the entri	es in the box	es on the
		tinuation Page to this pag nber (if known).	ge. If you ha	ve no information to	report in a Pa	art, do not f	ile that Part. On the	top of any additio	nal pages, wi	rite your
Part		l of Your PRIORITY Un	secured (laims						
		rs have priority unsecure								
_	No. Go to Pa	. ,	a ciaiiiis ag	anist you.						
_	_	art 2.								
	Yes.	priority uncopured alaims	e If a aradita	or has more than one	priority	rad alaim lie	at the graditar concre	taly for each alaim	For each alain	n listed
		priority unsecured claims be of claim it is. If a claim ha								
		e claims in alphabetical orde han one creditor holds a pa				nore than tw	o priority unsecured	claims, fill out the C	ontinuation Pa	age of
		tion of each type of claim, s				booklot)				
(1	i di ali explana	mon or each type or claim, s		uctions for this form if	i tile ilistruction	DOORIEL.)	Total claim	Priority	Nonprio	rity
	14					4000	40.40.0	amount	amount	
2.1		ne Collection Service ditor's Name	es	Last 4 digits of ac	count number	4083	\$348.3	1 \$348.	.31	\$0.00
	•	ınt Royal Blvd. #A		When was the deb	t incurred?	01/2019)			
		gh, PA 15223-1240						_		
		reet City State Zip Code		As of the date you	file, the claim	is: Check a	all that apply			
	_	the debt? Check one.		☐ Contingent						
	Debtor 1 or	•		☐ Unliquidated						
	☐ Debtor 2 o	nly		☐ Disputed						
	■ Debtor 1 a	nd Debtor 2 only		Type of PRIORITY		aim:				
	☐ At least on	e of the debtors and anothe	er	☐ Domestic suppo	ort obligations					
	☐ Check if th	nis claim is for a commur	nity debt	Taxes and certa	in other debts	you owe the	government			
		ubject to offset?	•	☐ Claims for death	n or personal in	jury while yo	ou were intoxicated			
	■ No			☐ Other. Specify						
	☐ Yes			. ,	2018 Loca	I Income	Tax Paid to wr	ong tax		
					authority					
Part	2: List Al	l of Your NONPRIORIT	Y Unsecu	red Claims						
3. D	o any credito	rs have nonpriority unsec	cured claim	s against you?						
_		re nothing to report in this p		• •	with vour other	ooboduloo				
		e noming to report in this p	arı. Submit t	inio ioini to the couft (willi your otner	scriedules.				
	Yes.									
4. L	ist all of your	nonpriority unsecured cl	aims in the	alphabetical order of	of the creditor	who holds	each claim. If a cred	litor has more than	one nonpriorit	у
u	nsecured clain	n, list the creditor separately or holds a particular claim, li	y for each cla	aim. For each claim li	sted, identify w	hat type of c	laim it is. Do not list	claims already inclu	ded in Part 1.	If more
	an one credic art 2.	or noius a particular cidiffi, il	ist tile Utilel	orealions in Fall 3.11)	ou nave more	man unee N	onpriority unsecuted	ciairis iii out trie C	onunuauon Pa	ige of

Total claim

Debto	Rhonda L Knippen	Case number (if known)				
4.1	Allegheny General WPH	Last 4 digits of account number 8674	\$184.08			
	Nonpriority Creditor's Name PO Box 951915	When was the debt incurred? 07/2019				
	Cleveland, OH 44193-0021 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Bill				
4.2	Allegheny Health Network	Last 4 digits of account number	\$360.47			
	Nonpriority Creditor's Name PO Box 645266 Pittsburgh, PA 15264-5266	When was the debt incurred? 07/2019				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Bill				
4.3	Allegheny Health Network	Last 4 digits of account number 7740	\$596.57			
	Nonpriority Creditor's Name PO Box 645266	When was the debt incurred? 09/2019				
	Pittsburgh, PA 15264-5266 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Bill				

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Debto	Rhonda L Knippen	Case number (if known)				
4.4	Allegheny Health Network	Last 4 digits of account number 9182	\$46.50			
	Nonpriority Creditor's Name PO Box 645266 Pittoburgh PA 45264 5266	When was the debt incurred? 07/2019	-			
	Pittsburgh, PA 15264-5266 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical Bill	-			
4.5	Barclays Bank	Last 4 digits of account number 5665	\$4,379.04			
	Nonpriority Creditor's Name PO Box 8802	When was the debt incurred? 1/2018				
	Wilmington, DE 19899	Wileli was the dept incurred: 1/2010	-			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases	-			
4.6	Barclays Bank	Last 4 digits of account number 2227	\$989.52			
	Nonpriority Creditor's Name					
	PO Box 8803 Wilmington, DE 19899	When was the debt incurred? 1/2018	_			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	\square Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases	_			

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	2 Rhonda L Knippen		Case number (if known)	
4.7	BP/Synchrony Bank	Last 4 digits of account number	6836	\$1,669.88
	Nonpriority Creditor's Name Bankruptcy Dept. PO Box 965060	When was the debt incurred?	4/2018	ψ1,505.00
	Orlando, FL 32896-5080 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify Credit card	purchases	
4.8	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	2692	\$526.82
	PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	9/2017	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit card	purchases	
4.9	Capital One	Last 4 digits of account number	7821	\$271.62
	Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	12/2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	■ No □ Yes			
	Li res	Other. Specify Credit card	haicilases	

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Capital One	Last 4 digits of account number	6329	\$1,384.4°
Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	12/2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	•	
Yes	Other. Specify Credit card	purchases	
Capital One	Last 4 digits of account number	4029	\$566.93
Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	01/2019	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
☐Yes	Other. Specify Credit card	purchases	
Capital One/Walmart	Last 4 digits of account number	9849	\$228.25
Nonpriority Creditor's Name	_		·
PO Box 30281	When was the debt incurred?	05/2019	
Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
	Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	170		
☐ Check if this claim is for a community	Student loans		
☐ Check if this claim is for a community lebt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
☐ Check if this claim is for a community			

Pr 2 Rhonda L Knippen	Case number (if known)		
Citibank/Best Buy	Last 4 digits of account number	6496	\$412.50
Nonpriority Creditor's Name PO Box 6190	When was the debt incurred?	01/2019	· · · · · · · · · · · · · · · · · · ·
Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim	is. Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the olding	S. Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Credit card	purchases	
Comcast	Last 4 digits of account number	2998	\$197.63
Nonpriority Creditor's Name One Comcast Center	When was the debt incurred?	01/2017	
Philadelphia, PA 19103 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,		
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Cable Bill		
Comenity Bank/Boscov's	Last 4 digits of account number	5883	\$469.6
Nonpriority Creditor's Name Bankruptcy Department PO Box 183043	When was the debt incurred?	6/2018	
Columbus, OH 43218-2125 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	,	or chook an unit apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Credit card	purchases	

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Debtor 1 Keith C Knippen

Debtor	2 Rhonda L Knippen		Case number (if known)	
4.1	Comenity Bank/Giant Eagle	Last 4 digits of account number	3988	\$1,419.62
	Nonpriority Creditor's Name Bankruptcy Department PO Box 182125	When was the debt incurred?	12/2017	
	Columbus, OH 43218-2125	_		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.1	Credit Management Company Nonpriority Creditor's Name	Last 4 digits of account number	1725	\$29.75
	2121 Noblestown Road Pittsburgh, PA 15205	When was the debt incurred?	7/2019	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	
4.1	Credit Management Company	Last 4 digits of account number	1726	\$4.48
	Nonpriority Creditor's Name 2121 Noblestown Road Bittorycob BA 15205	When was the debt incurred?	07/2019	
	Pittsburgh, PA 15205 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical Bil	<u> </u>	

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Credit Management Company Nonpriority Creditor's Name	Last 4 digits of account number 1727	\$10.86
2121 Noblestown Road Pittsburgh, PA 15205	When was the debt incurred? 07/2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans	
ls the claim subject to offset?	Obligations arising out of a separation agreement or divorce that yo report as priority claims	ou did not
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical Bill	
Credit Management Company	Last 4 digits of account number 1728	\$30.68
Nonpriority Creditor's Name 2121 Noblestown Road Pittsburgh, PA 15205	When was the debt incurred? 07/2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that yo	au did not
s the claim subject to offset?	report as priority claims	d did flot
No	\square Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical Bill	
Credit Management Company	Last 4 digits of account number 1729	\$17.46
Nonpriority Creditor's Name		
2121 Noblestown Road Pittsburgh, PA 15205	When was the debt incurred? 07/2019	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	ou did not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Medical Bill	

Credit One Bank	Last 4 digits of account number	4205	\$1,077.46
Nonpriority Creditor's Name PO Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred?	12/2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Credit card	purchases	
Credit One Bank	Last 4 digits of account number	3184	\$429.19
Nonpriority Creditor's Name PO Box 98873	When was the debt incurred?	09/2019	
Las Vegas, NV 89193-8873	when was the dept incurred?	09/2019	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i claim:	
☐ Check if this claim is for a community debt	_	retion correspond or diverse that you did not	
s the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Directtv/At&T	Last 4 digits of account number	4953	\$3,157.78
Nonpriority Creditor's Name	_		<u>-</u>
PO Box 5007 Carol Stream, IL 60197-5007	When was the debt incurred?	3/2018	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	

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Discover	Last 4 digits of account number	4159	\$2,338.30
Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850-5316	When was the debt incurred?	4/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Klingensmith Inc.	Last 4 digits of account number	2128	\$153.1
Nonpriority Creditor's Name PO Box 192 Ford City, PA 16226-0151	When was the debt incurred?	07/2019	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Medical Bill	<u> </u>	
Kohl	Last 4 digits of account number	2501	\$628.5
Nonpriority Creditor's Name			402010
PO Box 3115	When was the debt incurred?	3/2018	
Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	,		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	■ Other. Specify Credit card	nurchases	

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			_
Kohl	Last 4 digits of account number	2853	\$278.10
Nonpriority Creditor's Name PO Box 3115 Milwaukee, WI 53201	When was the debt incurred?	07/2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Credit card	purchases	
Macy's	Last 4 digits of account number	3664	\$644.68
Nonpriority Creditor's Name PO Box 6167 Sioux Falls, SD 57117-6167	When was the debt incurred?	3/2018	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	claim:	
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	and agreement of arrefee that year are not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
Med Financial	Last 4 digits of account number	2191	\$2,383.66
Nonpriority Creditor's Name	- Wiles and the debt in account 10	00/0040	
PO Box 32489 Knoxville, TN 37930-2489	When was the debt incurred?	06/2019	
Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	Alaim	
At least one of the debtors and another	Student loans	Ciaiii.	
☐ Check if this claim is for a community debt ls the claim subject to offset?		ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other. Specify Medical Bill		

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Rhonda L Knippen			
Sunoco, Inc.	Last 4 digits of account number	1607	\$788.09
Nonpriority Creditor's Name PO Box 6407 Sioux Falls, SD 57117-6407	When was the debt incurred?	12/2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Credit card	purchases	
SYNCB/Walmart	Last 4 digits of account number	4303	\$849.86
Nonpriority Creditor's Name PO Box 965024 Orlando, FL 32896-5024	When was the debt incurred?	5/2018	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Credit card	purchases	
SYNCB/Walmart	Last 4 digits of account number	9336	\$1,618.90
Nonpriority Creditor's Name PO Box 965024	When was the debt incurred?	5/2018	
Orlando, FL 32896-5024	mion was the dest mountain.	3/2010	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	l alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a Ciaiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
■ No	□ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Credit card	purcnases	

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Target/TD Bank	Last 4 digits of account number	7052	\$2,633.9	
Nonpriority Creditor's Name PO Box 1581 Minneapolis, MN 55440-1581	When was the debt incurred?	3/2018		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i			
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	Debts to pension or profit-sharin	g plans, and other similar debts		
Yes	Other. Specify Credit card	purchases		
Target/TD Bank	Last 4 digits of account number	9246	\$670.13	
Nonpriority Creditor's Name PO Box 1581 Minneapolis, MN 55440-1581	When was the debt incurred?	01/2019		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
□Yes	Other. Specify Credit card	purchases		
Fransworld Systems	Last 4 digits of account number	5758	\$80.25	
Nonpriority Creditor's Name			****	
PO Box 15273	When was the debt incurred?	06/2019		
Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.	7.5 or and date , ou me, and claim.	or or one and appropriate appropriate and appropriate and appropriate appropri		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
No	Debts to pension or profit-sharing	g plans, and other similar debts		
□ Yes	■ Other. Specify Medical Bil	1		

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Debtor 2 Rhonda L Knippen Case number (if known) 4.3 Transworld Systems Inc. 6963 \$217.40 Last 4 digits of account number Nonpriority Creditor's Name 300 Cedar Ridge Dr., Suite 3017 When was the debt incurred? 06/2019 Pittsburgh, PA 15205 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bill ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Allied Interstate** Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1954 ■ Part 2: Creditors with Nonpriority Unsecured Claims Southgate, MI 48195-0954 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Alltran Finacnial, LP Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 5800 North Course Drive Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77072 Last 4 digits of account number 2694 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ARS National Services Inc. Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 469100 Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046-9100 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ARS National Services Inc. Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 469100 Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046-9100 Last 4 digits of account number 6849 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? CCB Credit Services, Inc. Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 272 ■ Part 2: Creditors with Nonpriority Unsecured Claims Springfield, IL 62705-0272 Last 4 digits of account number N273 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Control LLC** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 5757 Phantom Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 330 Hazelwood, MO 63042 Last 4 digits of account number 2042 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Control LLC** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 5757 Phantom Drive Part 2: Creditors with Nonpriority Unsecured Claims Suite 330

Official Form 106 F/F

Debtor 1 Keith C Knippen

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Debtor 2 Rhonda L Knippen	Case number (if known)				
Hazelwood, MO 63042					
,	Last 4 digits of account number	3014			
Name and Address	On which entry in Part 1 or Part 2 did				
Credit Control LLC	Line <u>4.29</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 31179 Tampa, FL 33631		Part 2: Creditors with Nonpriority Unsecured Claims			
Tampa, 1 2 33001	Last 4 digits of account number	1358			
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Financial Recovery Services, Inc.	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box .85908		Part 2: Creditors with Nonpriority Unsecured Claims			
Minneapolis, MN 55438-5908	Last 4 digits of account number	L340			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Firstsource Advantage LLC	Line 4.34 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims			
205 Bryant Woods South		Part 2: Creditors with Nonpriority Unsecured Claims			
Buffalo, NY 14228	Last 4 digits of account number	3301			
Name and Address GC Serivces Limited Partnership	On which entry in Part 1 or Part 2 did Line 4.29 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims			
6330 Glfton	Line 4.23 of (Check one).				
Houston, TX 77081		■ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number	0115			
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Jefferson Capital Systems, LLC	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
16 McLeland Road Saint Cloud, MN 56303		Part 2: Creditors with Nonpriority Unsecured Claims			
Same Sidua, iiii Cooss	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Mercury/First Bank & Trust	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Claims			
PO Box 84064 Columbus, GA 31908		Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Midland Credit Management, Inc.	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims			
PO Box 51319 Los Angeles, CA 90051-5619		Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number	1295			
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Midland Credit Management, Inc.	Line <u>4.33</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
350 Camino De La Reina Suite 100		Part 2: Creditors with Nonpriority Unsecured Claims			
San Diego, CA 92108					
	Last 4 digits of account number	9336			
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Patenaude & Felis, A.P.C.	Line <u>4.34</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
501 Corporate Drive Southpointe Center		Part 2: Creditors with Nonpriority Unsecured Claims			
Suite 205					
Canonsburg, PA 15317	Lost 4 digits of account number				
	Last 4 digits of account number				
Name and Address Phillips & Cohen, Associates Ltd.	On which entry in Part 1 or Part 2 did Line 4.8 of (<i>Check one</i>):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims			
Mail Stop: 661	LING TIV OF CONSON ONE).	Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
1002 Justison Street		- Fart 2. Creditors with Northholity Offsecured Claims			
Wilmington, DE 19801-5148	Last 4 digits of account number	1062			
	Last + digits of account number	1063			

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Debtor 1 Keith C Knippen Debtor 2 Rhonda L Knippen		Case number (if known)
Name and Address Phillips & Cohen, Associates Ltd.	On which entry in Part 1 or Part 2 d Line 4.6 of (<i>Check one</i>):	did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
Mail Stop: 661	Line 410 of Check one).	Part 2: Creditors with Nonpriority Unsecured Claims
1002 Justison Street		Part 2: Creditors with Nonpriority Unsecured Claims
Wilmington, DE 19801-5148		
	Last 4 digits of account number	6098
Name and Address	On which entry in Part 1 or Part 2 d	did you list the original creditor?
Portfolio Recovery Associates, LLC	Line 4.16 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 12914		■ Part 2: Creditors with Nonpriority Unsecured Claims
Norfolk, VA 23541-1223	Last 4 digits of account number	3988
Name and Address	On which entry in Part 1 or Part 2 d	did you list the original graditor?
Portfolio Recovery Associates, LLC	Line 4.15 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 12914	or (or or or or).	Part 2: Creditors with Nonpriority Unsecured Claims
Norfolk, VA 23541-1223		— 1 att 2. Greditors with Nonphority offsecured Glaims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 d	,
Radius Global Solutions LLC	Line <u>4.29</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
7831 Glnroy Road Suite 250		■ Part 2: Creditors with Nonpriority Unsecured Claims
Minneapolis, MN 55439		
	Last 4 digits of account number	5939
Name and Address	On which entry in Part 1 or Part 2 d	did you list the original creditor?
Radius Global Solutions LLC	Line 4.27 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
7831 Glnroy Road		Part 2: Creditors with Nonpriority Unsecured Claims
Suite 250		·
Minneapolis, MN 55439	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 d	did you liet the original creditor?
Resurgent Capital Services, LP	Line 4.32 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 10497	. (■ Part 2: Creditors with Nonpriority Unsecured Claims
Mail Stop 576		, , , , , , , , , , , , , , , , , , ,
Greenville, SC 29603	Last 4 digits of account number	0374
	-	
Name and Address	On which entry in Part 1 or Part 2 d	· ·
Sherman Originator LLC PO Box 10497	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Greenville, SC 29603		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 d	did you list the original creditor?
Sherman Originator LLC	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 10497		■ Part 2: Creditors with Nonpriority Unsecured Claims
Greenville, SC 29603	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 d	did you liet the original creditor?
Sunrise Credit Services, Inc.	Line 4.24 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 9100		■ Part 2: Creditors with Nonpriority Unsecured Claims
Farmingdale, NY 11735-9100	Last 4 digits of account number	· ·
	Last 4 digits of account number	4573
Part 4: Add the Amounts for Each Type of	of Unsecured Claim	
•		stical reporting purposes only. 28 U.S.C. §159. Add the amounts for each
type of unsecured claim.		,
		Total Claim
6a. Domestic support obliga	tions	6a. \$ 0.00
Total		
from Part 1 6b. Taxes and certain other	debts you owe the government	6b. \$ 348 31

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Debtor 1 Keith C Knippen Debtor 2 Rhonda L Knippen Case number (if known) Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 0.00 6d. Total Priority. Add lines 6a through 6d. 6e. 348.31 Total Claim 6f. Student loans 6f. 0.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 31,746.17 Total Nonpriority. Add lines 6f through 6i. 6j. 31,746.17 6j.

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		Восине	THE T GAGE CO OT CE	
Fill in this infor	mation to identify your	case:		
Debtor 1	Keith C Knippen			
	First Name	Middle Name	Last Name	
Debtor 2	Rhonda L Knippen			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (DF PENNSYLVANIA	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Progressive Leasing
256 Data Drive
Draper, UT 84020

State what the contract or lease is for
Furniture from Bob's Furniture purchsed on 7/11/2018.
Chair, bench, sofa, and bedroom set.

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		Docume	nt Page 36 c	of 62	
Fill in this	information to identify your o	ase:			
Debtor 1	Keith C Knippen				
	First Name	Middle Name	Last Name		
Debtor 2	Rhonda L Knippe				
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	WESTERN DISTRICT C	F PENNSYLVANIA		
Case numb	per				
(if known)				☐ Check if this is an	
				amended filing	
Official	Form 106H				
Sched	ule H: Your Code	ebtors		12 <i>l</i> °	15
	and case number (if known).			as a codebtor.	
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana,			ry? (Community property states and territories include ington, and Wisconsin.)	
	Go to line 3. Did your spouse, former spou	se, or legal equivalent live	with you at the time?		
in line Form 1 out Co	2 again as a codebtor only if	that person is a guarant	or or cosigner. Make	r if your spouse is filing with you. List the person sh sure you have listed the creditor on Schedule D (Of 06G). Use Schedule D, Schedule E/F, or Schedule G Column 2: The creditor to whom you owe the de	ficial to fill
-	lame, Number, Street, City, State and ZIF	^o Code		Check all schedules that apply:	SDL
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
_	Number Street			_	
	City	State	ZIP Code		
				_	
3.2	Name			Schedule D, line	
ŗ	vario			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	0	710.0		
(City	State	ZIP Code		

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ENI	in this information to identify your c	200				ı				
	btor 1 Keith C Knij									
	btor 2 Rhonda L K	•			_					
Uni	ited States Bankruptcy Court for the	: WESTERN DISTRICT	Γ OF PENNSYLVAN	NIA						
(If kr	se number fficial Form 106I		-			☐ An ☐ A s 13	income	d filing ent show as of the	ving postpetition e following date:	chapter
	chedule I: Your Inc	ome				MIV	1 / DD/ Y	YYY		12/15
sup spo atta Par	as complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and you ith you, do not incl	r spouse ude infor	is liv mati	ing with you	ou, incli our spo	ude info	ormation about more space is i	your needed,
1.	Fill in your employment information.		Debtor 1			[Debtor 2	or non	-filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				■ Employed□ Not employed			
	employers.	Occupation					Sales A	ssocia	ite	
	Include part-time, seasonal, or self-employed work.	Employer's name				<u>J</u>	Kohl's			
	Occupation may include student or homemaker, if it applies.	Employer's address				5357 William Flynn Hwy Gibsonia, PA 15044				
		How long employed t	here?				<u> 1</u>	wo Ye	ars	
Esti spoi	imate monthly income as of the duse unless you are separated. but or your non-filing spouse have me e space, attach a separate sheet to	ate you file this form. If	, ,	·	,		at perso	n on the	•	J
	List monthly gross wages, sala	ry and commissions /h	efore all pouroll					non-	filing spouse	
2.	deductions). If not paid monthly,			2.	\$		0.00	\$	1,777.94	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$_	0.00	
4.	Calculate gross Income. Add lin		4.	\$		0.00	\$_	1,777.94		

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Debtor 1 Debtor 2		Keith C Knippen Rhonda L Knippen		Case	number (<i>if known</i>)	nber (<i>if known</i>)		
				For	Debtor 1		Debtor 2 or filing spouse	
	Cop	by line 4 here	4.	\$	0.00	\$	1,777.9	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	251.64	4
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	4.1	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	13.7	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	0
	5e.	Insurance	5e.	\$	0.00	\$	218.8	5
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.0	0
	5g.	Union dues	5g.	\$	0.00	\$	0.0	0
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	- \$	0.0	0
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	488.4	1_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,289.5	3_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	0
	8b.	Interest and dividends	8b.	\$ 	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· <u> </u>		·		<u></u>
	04	settlement, and property settlement.	8c.	\$_	0.00	\$	0.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_ \$	0.00 1,273.00	\$ 	0.0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	0
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	- \$	0.0	<u>0</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,273.00	\$	0.0	00
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		1,273.00 + \$	4 20	89.53 = \$	2,562.53
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		1,273.00 + Ψ_	1,20	89.53	2,302.33
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your ear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen				chedule J. 11. +\$ _	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain lies					12. \$	2,562.53
12	Do.	you expect an increase or decrease within the year after you file this form?	2				Comb month	ined nly income
١٥.		No. Yes. Explain:	•					

Fill	in this informa	ation to identify yo	our case:						
	tor 1	Keith C Knip				Ch	eck if this i	s·	
		Reitii O Kilip	реп					ded filing	
	otor 2 ouse, if filing)	Rhonda L Kr	nippen						wing postpetition chapter fithe following date:
	,								
Unit	ed States Bank	ruptcy Court for the	: WESTE	RN DISTRICT OF PENNS	SYLVANIA		MM / DD	/ YYYY	
	e number nown)								
Of	fficial Fo	rm 106J							
		J: Your I	Expen	ises					12/1
Be info nur	as complete ormation. If m mber (if know	and accurate as nore space is ne rn). Answer ever	possible. eded, atta y question	If two married people ar ch another sheet to this					or supplying correct
Par 1.	t 1: Desci	ribe Your House nt case?	hold						
•	□ No. Go to								
	Yes. Doe	es Debtor 2 live i	in a separa	ate household?					
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.		
2.	Do you hav	e dependents?	■ No						
	Do not list D Debtor 2.	-	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Depe age	ndent's	Does dependent live with you?
	Do not state								□ No
	dependents	names.							☐ Yes ☐ No
									☐ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
3.	expenses o	penses include of people other the d your depende	han 👝	No Yes					
Par	t 2: Estim	ate Your Ongoi	ng Monthi	y Expenses					
exp				uptcy filing date unless y y is filed. If this is a supp					
the		h assistance and		government assistance i luded it on <i>Schedule I:</i>)				Your exp	penses
(0		· • · · · · ·							
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$		640.00
	If not include	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
	4b. Prope	erty, homeowner's				4b.	\$		0.00
		maintenance, re owner's associat		ipkeep expenses		4c. 4d.	:		0.00
5.				our residence, such as ho	me equity loans	4a. 5.	·		0.00 0.00

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Debte		Keith C I	Knippen			
Debte	or 2	Rhonda	L Knippen	Case num	ber (if known)	
^	1 14:1:4					
-	Utilit 6a.		, heat, natural gas	6a.	\$	30.00
	6b.	-	wer, garbage collection	6b.	·	0.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	272.00
	6d.	Other. Spe		6d.	·	0.00
			ekeeping supplies	od. 7.	\$	840.00
			children's education costs	8.	\$	0.00
-	-		Iry, and dry cleaning	9.	\$	150.00
		_	products and services	10.	\$	70.00
		•	ntal expenses	11.		150.00
			Include gas, maintenance, bus or train fare.		Ψ	130.00
			ar payments.	12.	\$	250.00
			clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
			tributions and religious donations	14.	\$	20.00
15.	Insu	rance.	-			
	Do no	ot include in	nsurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insura	ance	15a.	·	0.00
	15b.	Health ins	surance	15b.	\$	0.00
	15c.	Vehicle in:	surance	15c.	\$	0.00
	15d.	Other insu	urance. Specify:	15d.	\$	0.00
16.	Taxe	s. Do not in	nclude taxes deducted from your pay or included in lines 4 or 2			
	Spec	·		16.	\$	0.00
			ease payments:		_	
			ents for Vehicle 1	17a.	·	0.00
			ents for Vehicle 2	17b.	·	0.00
		Other. Spe		17c.	·	0.00
		Other. Spe		17d.	\$	0.00
			of alimony, maintenance, and support that you did not rep		\$	0.00
			your pay on line 5, Schedule I, Your Income (Official Form	106I). 10.	\$	
	Spec		s you make to support others who do not live with you.	19.		0.00
		,	erty expenses not included in lines 4 or 5 of this form or o		our Income	
			s on other property	20a.		0.00
		Real estat	· · ·	20b.	·	0.00
			homeowner's, or renter's insurance	20c.	·	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			ner's association or condominium dues	20e.	·	0.00
		r: Specify:	ici 3 association of condominam ducs		+\$	0.00
۷۱.	Otile	a. Opecity.			ΤΨ	0.00
22.	Calc	ulate your i	monthly expenses			
			through 21.		\$	2,522.00
	22b.	Copy line 2:	22 (monthly expenses for Debtor 2), if any, from Official Form 19	06J-2	\$	
	22c.	Add line 22a	a and 22b. The result is your monthly expenses.		\$	2,522.00
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		-	monthly net income.	00	•	
			12 (your combined monthly income) from Schedule I.	23a.		2,562.53
	23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	2,522.00
	00-	Ch.t a.t				
	23C.		our monthly expenses from your monthly income. t is your monthly net income.	23c.	\$	40.53
		THE TESUIL	us your monuny neumoune.	230.	<u> </u>	
24.	Do v	ou expect a	an increase or decrease in your expenses within the year	after you file this	form?	
	For ex	xample, do yo	ou expect to finish paying for your car loan within the year or do you exp			se or decrease because of a
	modifi	ication to the	terms of your mortgage?			
	■ No	0.				
	□ Ye	es.	Explain here:			

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Fill in this infor	mation to identify your	ease:	
Debtor 1	Keith C Knippen		
	First Name	Middle Name Last Name	
Debtor 2	Rhonda L Knippe		
(Spouse if, filing)	First Name	Middle Name Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA	
Case number			
(if known)			☐ Check if this is an amended filing
obtaining money		e bankruptcy schedules or amended schedules. Makin connection with a bankruptcy case can result in fines 519, and 3571.	
Sign	n Below		
Did you pa	y or agree to pay some	one who is NOT an attorney to help you fill out bankrup	otcy forms?
■ No			
☐ Yes. N	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	hat I have read the summary and schedules filed with	this declaration and
X /s/ Keit	th C Knippen	X _/s/ Rhonda L Kni	ppen
	C Knippen	Rhonda L Knipp	
Signatu	re of Debtor 1	Signature of Debtor	2
Date	January 15, 2020	Date January 1	5 2020

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		nation to identify your				
Debt	IOI I	Keith C Knippen First Name	Middle Name	Last Name		
Debt		Rhonda L Knipp				
(Spou	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	kruptcy Court for the:	WESTERN DISTRICT OF	F PENNSYLVANIA		
Case (if kno	e number				_	theck if this is an mended filing
Sta Be as	s complete a	of Financial And accurate as possi	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup y additional pages, write you	
Part	<u> </u>	, , ,	rital Status and Where Yoເ	ı Lived Before		
1.	What is your	current marital statu	s?			
	■ Married □ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
state	s and territori	es include Arizona, Ca		vada, New Mexico, Puerto R	ity property state or territory ico, Texas, Washington and W	
Part	2 Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income you	u received from all jobs and a	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$1,000.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 2 Rhonda L Knippen Ca						ase number (if known)			
				-					
				Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
		dar year: December 3	31, 2019)	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$19,994.34		
				☐ Operating a business		☐ Operating a business			
For the (Janua	calendry 1 to	dar year bef December 3	ore that: 31, 2018)	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$15,513.00		
				☐ Operating a business		☐ Operating a business			
winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.									
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)		
		1 of currentiled for ban		Social Security \$1,275.00 Benefits					
		dar year: December 3	31, 2019)	Social Security \$15,276.00 Benefits					
		dar year bef December 3		Social Security Benefits	\$15,276.00				
Part 3:	List	Certain Pay	ments You	Made Before You Filed for	Bankruptcy				
6. Are		Debtor 1's Neither De	or Debtor 2 btor 1 nor D	's debts primarily consume	er debts? umer debts. Consumer debts	s are defined in 11 U.S.C. § 10	1(8) as "incurred by an		
		During the No.	Go to line 7		lid you pay any creditor a total	I of \$6,825* or more? n one or more payments and t	he total amount you		
			paid that cre not include	editor. Do not include payme payments to an attorney for	nts for domestic support oblig this bankruptcy case.	ations, such as child support a	and alimony. Also, do		
•	Yes.	Debtor 1 o	r Debtor 2 o	r both have primarily cons	umer debts.	,	•		
		During the	·		lid you pay any creditor a total	I of \$600 or more?			
		No.	Go to line 7	•					
		☐ Yes	include pay			the total amount you paid that port and alimony. Also, do not			

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ebto	r 2 Rhonda L Knippen		Cas			
(Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
Ir of a	Fithin 1 year before you filed for bankrupt siders include your relatives; any general pa which you are an officer, director, person in business you operate as a sole proprietor. 1 imony.	artners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yo g securities; and ar	u are a general _l ny managing age	partner; corporation ent, including one fo
	No Yes. List all payments to an insider.					
	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
in	ithin 1 year before you filed for bankrupto sider? clude payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a deb	t that benefited an
	- 140					
	nsider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
rt 4	Identify Legal Actions, Repossession	ne and Foroclosures				
m E	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Tithin 1 year before you filed for bankrupton heck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happened	ч	Date		Value of the property
a	lithin 90 days before you filed for bankrup ecounts or refuse to make a payment bec No 1 Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any am	ounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date a	action was	Amoun
	ithin 1 year before you filed for bankrupt	cy, was any of your prop	orty in the necess	ion of an assigne	e for the benefi	t of anoditons o

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	otor 1 otor 2	Keith C Knippen Rhonda L Knippen			Case number (if known)		
Par	t 5:	List Certain Gifts and Contributio	ns					
13.	= 1	in 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total val	ue of more th	an \$600 per person′	?	
	Gifts	s with a total value of more than \$6 person	00	Describe the gifts		Dates you gave the gifts	Value	
		on to Whom You Gave the Gift and ress:	t					
14.	= 1	n 2 years before you filed for bank No Yes. Fill in the details for each gift or		did you give any gifts or contribution	ns with a total	value of more than	\$600 to any charity?	
	Gifts more Chai	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Coo	total	Describe what you contributed		Dates you contributed	Value	
Par	t 6:	List Certain Losses						
15.	or ga	in 1 year before you filed for bankrombling? No Yes. Fill in the details.	uptcy o	r since you filed for bankruptcy, did y	ou lose anytl	ning because of thef	t, fire, other disaster,	
	Desc	cribe the property you lost and the loss occurred	Includ	ribe any insurance coverage for the love the amount that insurance has paid. Lance claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost	
Par	t 7:	List Certain Payments or Transfer	rs					
16.	Includ	ulted about seeking bankruptcy or	prepar	lid you or anyone else acting on your ing a bankruptcy petition? rs, or credit counseling agencies for ser			rty to anyone you	
		Yes. Fill in the details.						
	Add: Ema	on Who Was Paid ress ill or website address on Who Made the Payment, if Not	You	Description and value of any prop transferred	Date payment or transfer was made	Amount of payment		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	_	No Yes. Fill in the details.						
	Pers Add	son Who Was Paid ress		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment	
18.	Includinclud	ferred in the ordinary course of yo de both outright transfers and transfel de gifts and transfers that you have al	ur busi ı rs made	as security (such as the granting of a se				
	_	No Yes. Fill in the details.						
	Pers Add	on Who Received Transfer ress		Description and value of property transferred		iny property or received or debts change	Date transfer was made	
	Pers	on's relationship to you						

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Debtor 1 Keith C Knippen
Debtor 2 Rhonda L Knippen

Case number (if known)

19.	beneficiary? (These are often called asset-protect		y property to a	a seit-settie	a trust or similar device (or which you are a		
	Yes. Fill in the details.							
	Name of trust	Description and v	alue of the pro	operty trans	sferred	Date Transfer was made		
Pai	rt 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and S	torage Unit	ts			
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated.	other financial accour	nts; certificate	s of deposi				
	■ No □ Yes. Fill in the details.							
		ast 4 digits of ccount number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, a	nny safe de	posit box or other deposi	tory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Have you stored property in a storage unit or p	place other than your	home within	1 year befo	re you filed for bankrupto	;y?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?		
Pai	rt 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Inclu	ude any prope	rty you bor	rowed from, are storing f	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value		
Pai	rt 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	s defined under any e		law, wheth	er you now own, operate	, or utilize it or used		
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Keith C Knippen
Debtor 2 Rhonda L Knippen

Case number (if known)

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of ar	ny release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or admir	nistrative proceeding under any envir	onmental law? Include settlements a	nd orders.						
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	11: Give Details About Your Business or Co	onnections to Any Business								
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing exec	utive of a corporation								
	☐ An owner of at least 5% of the voting	or equity securities of a corporation								
	No. None of the above applies. Go to Par	rt 12.								
	Yes. Check all that apply above and fill in	the details below for each business.								
	Business Name [Address	Describe the nature of the business	Employer Identification number Do not include Social Security r							
		Name of accountant or bookkeeper	Dates business existed							
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
	■ No □ Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)									
	,									

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Debtor 1 Keith C Ki	nippen		·		
Debtor 2 Rhonda L	Knippen		Case number (if known)		
Part 12: Sign Below					
			nd any attachments, and I declare under penalty of perjury that the answers		
	•		, concealing property, or obtaining money or property by fraud in connection or sometion or some to 20 years, or both.		
18 U.S.C. §§ 152, 1341,	•	\$250,000, Or IIIIp	orisonment for up to 20 years, or both.		
	,				
/s/ Keith C Knippen		/s/ Rh	nonda L Knippen		
Keith C Knippen		Rhonda L Knippen			
Signature of Debtor 1		Signat	ture of Debtor 2		
Date January 15, 2	020	Date	January 15, 2020		
Did you attach addition	nal pages to Your Stateme	ent of Financial A	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?		
■ No					
□Yes					
	pay someone who is no	t an attorney to I	help you fill out bankruptcy forms?		
■ No					
☐ Yes. Name of Person	. Attach the Bankru	ptcy Petition Prep	parer's Notice, Declaration, and Signature (Official Form 119).		

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Fill in this inform	nation to identify your case:		
Debtor 1	Keith C Knippen		
Dahtar 0	First Name Middle N	lame Last Name	
Debtor 2 (Spouse if, filing)	Rhonda L Knippen First Name Middle N	lame Last Name	
United States Ba	nkruptcy Court for the: WESTERN	DISTRICT OF PENNSYLVANIA	
Case number			
(if known)			☐ Check if this is an amended filing
Official Fo	rm 108		
Statemer	nt of Intention for In	idividuals Filing Under Chapto	er 7 12/15
•	vidual filing under chapter 7, you m e claims secured by your property, o		
■ you have leas You must file thi	ed personal property and the lease s form with the court within 30 days ver is earlier, unless the court exter		
•	eople are filing together in a joint cast	se, both are equally responsible for supplying correct in	nformation. Both debtors must
	and accurate as possible. If more sp our name and case number (if know	pace is needed, attach a separate sheet to this form. On m.).	the top of any additional pages,
Part 1: List Yo	our Creditors Who Have Secured Cla	aims	
1. For any credit	•	dule D: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	editor and the property that is collatera	What do you intend to do with the property that secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's P	rogressive Leasing	Surrender the property.	□ No
name.		☐ Retain the property and redeem it. ☐ Retain the property and enter into a	■ Yes
Description of property securing debt:	purchsed on 7/11/2018. Chair,	Retain the property and [explain]:	
	, ,	·	
For any unexpire in the informatio	n below. Do not list real estate lease	rases listed in Schedule G: Executory Contracts and Unexpire es. Unexpired leases are leases that are still in effect; the ase if the trustee does not assume it. 11 U.S.C. § 365(p)	ne lease period has not yet ended.
Describe your u	nexpired personal property leases		Will the lease be assumed?
Lessor's name:	Progressive Leasing		■ No
			☐ Yes
Description of lea Property:	ased Furniture from Bob's Furn and bedroom set.	niture purchsed on 7/11/2018. Chair, bench, sofa,	

Official Form 108

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Deb Deb	tor 1 Keith C Knippen tor 2 Rhonda L Knippen	Case number (if known)
Part	3: Sign Below	
		ted my intention about any property of my estate that secures a debt and any personal
prop X	erty that is subject to an unexpired lease. /s/ Keith C Knippen	X /s/ Rhonda L Knippen
^	Keith C Knippen	Rhonda L Knippen
	Signature of Debtor 1	Signature of Debtor 2

Fill in this info	ormation to identify your case:			ck one box only as d	lirected	in this form and i	n Form
Debtor 1	Keith C Knippen		122	A-1Supp:			
Debtor 2 (Spouse, if filing)	Rhonda L Knippen			1. There is no pres	umptio	n of abuse	
United States	Bankruptcy Court for the: Western District of	Pennsylvania	_	2. The calculation t applies will be n Calculation (Off	nade u	nder <i>Chapter 7 M</i>	
Case number	•					,	acusa of
(II KIIOWII)				3. The Means Test qualified military		e but it could app	
				Check if this is a	n ame	ended filing	
Official F	Form 122A - 1						
	7 Statement of Your Cur	rent Moi	nthly Inco	ome			10/19
attach a separa case number (i qualifying milit Part 1:	e and accurate as possible. If two married people a te sheet to this form. Include the line number to w f known). If you believe that you are exempted froi ary service, complete and file Statement of Exemp calculate Your Current Monthly Income	which the addition a presumption from Presum	nal information ap	pplies. On the top of a e you do not have prir	ny addi narily c	tional pages, write onsumer debts or	your name and because of
_	your marital and filing status? Check one or	ıly.					
_	narried. Fill out Column A, lines 2-11.						
	ied and your spouse is filing with you. Fill ou			2-11.			
_	ied and your spouse is NOT filing with you.	-	•				
_	ving in the same household and are not lega			•			
pe	ving separately or are legally separated. Fill openalty of perjury that you and your spouse are lowing apart for reasons that do not include evadir	egally separated	d under nonbank	ruptcy law that applic	es or th		
101(10A). For the 6 months	verage monthly income that you received from all or example, if you are filing on September 15, the 6-m s, add the income for all 6 months and divide the total on the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 through sult. Do not include	gh August 31. If the amo any income amount m	ount of y ore thar	our monthly income n once. For example	varied during e, if both
				Column A Debtor 1	Debt	mn B tor 2 or filing spouse	
	oss wages, salary, tips, bonuses, overtime,	and commission	ons (before all	0.00	\$	1,572.79	
3. Alimony	leductions).	payments from	a spouse if		Ť—		
	B is filled in.	da fan barrasılı		6.00	\$	0.00	
of you of from an and roor	unts from any source which are regularly pa or your dependents, including child support, unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include regula I, your depende	r contributions ents, parents,	\$0.00	\$	0.00	
5. Net inco	ome from operating a business, profession,						
_			otor 1				
	eceipts (before all deductions)	\$ 0.00 -\$ 0.00					
•	and necessary operating expenses		Copy here -> \$	0.00	\$	0.00	
	othly income from a business, profession, or far	m \$	оору пете -> ф		Ψ	0.00	
o. Net inco	ome from rental and other real property	Del	otor 1				
Gross re	eceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
-	hthly income from rental or other real property	\$ 0.00	Copy here -> \$	0.00	\$	0.00	

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

0.00

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Debtor Debtor			C Knippen Ida L Knippen			Case numb	er (<i>if known</i>)			
						Column A Debtor 1		Column B Debtor 2 or non-filing s		
	Do no	ot ente	ment compensation or the amount if you contend that the amou	nt received was a ber	nefit under	\$	0.00	\$	0.00	-
1			Security Act. Instead, list it here:	\$	0.00					
			spouse		0.00					
 	Pens benef not in United disab pay p does	fit undenclude of State of Sta	r retirement income. Do not include any a ser the Social Security Act. Also, except as any compensation, pension, pay, annuity, es Government in connection with a disabir death of a member of the uniformed serveder chapter 61 of title 10, then include that ceed the amount of retired pay to which you der any provision of title 10 other than cha	mount received that wastated in the next ser or allowance paid by lity, combat-related in ices. If you received a to pay only to the exter ou would otherwise be	was a ntence, do the njury or any retired nt that it	\$	0.00	\$	0.00	
10. I	Incor Do no receiv dome United disab	me fro ot incluved as estic te ed State illity, or	om all other sources not listed above. Spude any benefits received under the Social is a victim of a war crime, a crime against hierrorism; or compensation, pension, pay, ares Government in connection with a disabir death of a member of the uniformed serv a separate page and put the total below.	pecify the source and Security Act; paymer umanity, or internation nnuity, or allowance p lity, combat-related ir	nts nal or paid by the njury or	\$	0.00	\$	0.00	_
			tal annuals form annuals are as if annuals			\$	0.00	·	0.00	-
		10	otal amounts from separate pages, if any.		+	\$	0.00	\$	0.00	-
			your total current monthly income. Add l nn. Then add the total for Column A to the t		\$	0.00	+ \$ _	1,572.79	Total	1,572.79
Part 2	2:	Dete	ermine Whether the Means Test Applies	to You						
12. (Calcu	ulate v	your current monthly income for the yea	ı r. Follow these steps	:					
		•	your total current monthly income from line	•		Cop	y line 11	here=>	\$	1,572.79
	ı	Multipl	ly by 12 (the number of months in a year)						X	12
	12b. ⁻	The re	esult is your annual income for this part of t	he form				12b.	\$	18,873.48
13. (Calcu	ulate t	the median family income that applies to	you. Follow these s	teps:					
I	Fill in	the st	tate in which you live.	PA						
I	Fill in	the nu	umber of people in your household.	2						
-	To fin	nd a lis	nedian family income for your state and size of applicable median income amounts, g n. This list may also be available at the bar	o online using the link		in the separ	rate instruc	13.	\$	66,338.00
14. I	How	do the	e lines compare?							
	14a.		Line 12b is less than or equal to line 13.	On the top of page 1,	check box	1, There is	s no presui	mption of abuse	Э.	
	14b.		Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box	2, The p	resumption (of abuse is	determined by	/ Form	122A-2.
Part :	3:	Sign	n Below							
	I	By sigi	ning here, I declare under penalty of perjui	y that the information	on this st	atement and	I in any att	achments is tru	ie and	correct.
	Х	(/s/ l	Keith C Knippen	X	/s/ Rho	nda L Kni	ppen			
			ith C Knippen nature of Debtor 1			a L Knippe e of Debtor				
		Sigi	nature of Deptor 1		oignatui	C OI DEDIOI	_			

Debtor 1

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Debtor 1 Debtor 2	Keith C Knippen Rhonda L Knippen		Case number (if known)	
Da	te January 15, 2020 MM / DD / YYYY	Date	January 15, 2020 MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this	form.		

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		3	
Debtor 1	Keith C Knippen		
Debtor 2	Rhonda L Knippen	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2019 to 12/31/2019.

Non-CMI - Social Security Act Income Source of Income: Social Security Disability Constant income of \$1,273.00 per month.* Case 20-20168-CMB Doc 1 Filed 01/15/20 Entered 01/15/20 20:05:27 Desc Main Document Page 55 of 62

Debtor 1 Debtor 2 Rhonda L Knippen Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 07/01/2019 to 12/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Kohl's** Constant income of **\$1,572.79** per month.*

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Debtor 1 Debtor 2 Rhonda L Knippen Case number (if known)

*Paycheck Details:

Kohl's

Date	Earnings	Overtime	Taxes	Other	Net Check
2019-07-05	551.52	0.00	0.00	0.00	551.52
2019-07-12	444.87	0.00	71.89	65.68	307.30
2019-07-19	405.47	0.00	62.52	65.68	277.27
2019-07-26	403.69	0.00	62.11	65.68	275.90
2019-08-02	319.99	0.00	43.68	65.68	210.63
2019-08-09	414.21	0.00	64.65	65.68	283.88
2019-08-30	422.21	0.00	62.13	53.54	306.54
2019-09-06	455.38	0.00	70.09	53.54	331.75
2019-09-13	442.75	0.00	67.06	53.54	322.15
2019-09-20	430.61	0.00	64.26	53.54	312.81
2019-09-27	447.41	0.00	68.15	53.54	325.72
2019-10-11	677.31	0.00	119.54	67.26	490.51
2019-10-18	283.90	0.00	31.63	56.00	196.27
2019-10-25	176.05	0.00	13.61	53.54	108.90
2019-11-01	373.97	0.00	67.75	0.00	306.22
2019-11-08	282.90	0.00	28.18	67.25	187.47
2019-11-15	279.79	0.00	31.64	56.00	192.15
2019-11-22	279.79	0.00	32.16	53.54	194.09
2019-11-29	443.40	0.00	68.54	53.54	321.32
2019-12-06	597.21	0.00	104.79	70.74	421.68
2019-12-13	430.73	0.00	66.11	62.41	302.21
2019-12-20	430.85	0.00	66.07	62.48	302.30
2019-12-27	442.75	0.00	69.07	57.83	315.85
Totals:	9,436.76	0.00	1,335.63	1,256.69	6,844.44

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapt	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 20-20168-CMB Doc 1 Filed 01/15/20 Entered 01/15/20 20:05:27 Desc Main Document Page 61 of 62

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In	Keith C Knippen Rhonda L Knippen		Case No.		
	Kilolida E Kilippeli	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR DE	CRTOR(S)	
1				. ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered of	r to
	For legal services, I have agreed to accept		\$	1,800.00	
	Prior to the filing of this statement I have received		\$	1,800.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compen	nsation with any other person	unless they are mem	pers and associates of my law	firm.
	☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name				A
5.	In return for the above-disclosed fee, I have agreed to rend	der legal service for all aspec	ts of the bankruptcy of	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statenton c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house 	nent of affairs and plan which and confirmation hearing, a duce to market value; ex s as needed; preparation	n may be required; nd any adjourned hea emption planning;	rings thereof;	
6.	By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disclary other adversary proceeding.	loes not include the followin hargeability actions, jud	g service: icial lien avoidanc	es, relief from stay action	s or
		CERTIFICATION			
thi	I certify that the foregoing is a complete statement of any a is bankruptcy proceeding.	agreement or arrangement fo	r payment to me for r	epresentation of the debtor(s)	in
	January 15, 2020	/s/ Dennis Paul 2	zawacki		
	Date	Dennis Paul Zaw			
		Signature of Attorn Dennis Zawacki ,			
		2130 South Villa	Drive		
		Gibsonia, PA 150 724-443-2478)44		
		d_zawacki@msr	.com		
		Name of law firm			

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United States Bankruptcy Court Western District of Pennsylvania

In re	Keith C Knippen Rhonda L Knippen		Case No.	
		Debtor(s)	Chapter	7
Γhe ab		IFICATION OF CREDITOR that the attached list of creditors is true and c		of their knowledge.
Date:	January 15, 2020	/s/ Keith C Knippen Keith C Knippen		
		Signature of Debtor		
Date:	January 15, 2020	/s/ Rhonda L Knippen		
		Rhonda L Knippen		

Signature of Debtor